

## BUSINESS LICENSE COMMERCIAL ZONING REVIEW FORM

OFFICIAL USE ONLY	
BL#	
REC#	

*Businesses operating from a commercial location are required to go through the zoning conformance review process to verify that applicable activities comply with the zoning ordinance.*

### BUSINESS ENTITY INFORMATION

Legal Business Name:	DBA (if applicable):
----------------------	----------------------

Business Physical Address:					
<i>Number</i>	<i>Street</i>	<i>Unit/Suite #</i>	<i>City</i>	<i>State</i>	<i>Zip</i>

Contact Information:	First Name:	Last Name:	Title:
	Phone:	Email:	Fax:

### BUSINESS ACTIVITY INFORMATION

*Please describe your business activity in detail, using at least three sentences. (use additional sheets if necessary)*


A.	Are you the owner of the subject property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B.	Is the business currently licensed in the City of Santa Monica?	<input type="checkbox"/> Yes, BL# _____	<input type="checkbox"/> No
C.	Is your business moving from one location to another on the same property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D.	Is the business relocating to the building's 2nd floor or above?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
E.	Is the business activity similar to the previously licensed tenant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
F.	Does the business lease space from an existing, licensed tenant in the same profession? <i>(e.g. hairdresser, attorney, or doctor leasing space from another hairdresser, attorney, or doctor)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
G.	Is the business located in a shared office space?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### COMMERCIAL LOCATION INFORMATION

1.	How much of the space you lease is used for general office tasks (accounting, marketing, clerical, billing, correspondence, phone calls, etc.)?	<input type="checkbox"/> 100%	<input type="checkbox"/> 99%-76%	<input type="checkbox"/> 75-51%	<input type="checkbox"/> 50-26%	<input type="checkbox"/> 25-16%	<input type="checkbox"/> 15-1%	<input type="checkbox"/> None	
2.	Are you operating a business that has obtained an entitlement through City Planning? <i>(e.g. Conditional Use Permit, Alcohol Exemption)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, please list case #:					
3.	Does the business use, promote and allow for a walk-in clientele?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If No, please explain:					
4.	Do you prepare or sell food at this location?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you have customer seating?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
5.	Do customers purchase food at a walk-up counter?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do wait staff take orders from the table?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
6.	Describe the food sales:								
7.	Does this business involve the sale of alcohol?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Alcohol license type:					

*If Yes, an alcohol entitlement approval is required prior to any alcohol sales. Contact the Planning Division at 310-458-8341 to apply.*

Complete next page

SANTA MONICA BUSINESS LICENSE — COMMERCIAL ZONING REVIEW FORM

8.	What was the name of the previous business at this location?		
9.	What was the previous use of this space (e.g. general office, post-production, retail)?		
	Enter the date that the previous business vacated space.	Month	Day
			Year
<i>If you are unsure of any of the above information, please contact the building owner or your leasing agent.</i>			
10.	Do you share this space with a separate business? <input type="checkbox"/> Yes <input type="checkbox"/> No	Shared space business name:	
11.	On which floor is the business located?		
12.	What is the square footage of the space that you lease? ( <i>This is information that is included in your lease.</i> )		
13.	Do you store products at this site? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how much product is stored?	
14.	Describe the products stored on-site:		
15.	Describe pick up and delivery:		
16.	Do you manufacture products at this site? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If yes, describe the manufacturing process and product pickup and delivery procedures: ( <i>use additional sheets if necessary</i> )		

**ACKNOWLEDGEMENT**

I certify under penalty of perjury that all statements made in this application are, to the best of my knowledge, true and correct, and that I have completed this application. I authorize the City of Santa Monica to verify all statements and information provided on this application.

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

**OFFICIAL USE ONLY**

Business Description:

Zone:		Permitted land use:		SMMC Section:	
Entitlement(s): <input type="checkbox"/> Yes <input type="checkbox"/> No		Entitlement(s) required? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, Case #:		If yes, type required:			
<input type="checkbox"/> New Business	<input type="checkbox"/> Change of Existing Business	<i>(check all that apply)</i>		<input type="checkbox"/> Address	<input type="checkbox"/> Business Activity
				<input type="checkbox"/> Ownership	<input type="checkbox"/> Other ( <i>specify</i> ):

Comments:

**REVIEW AND DETERMINATION**

Permitted Use—Approved

Non-Permitted Use—Denied

\_\_\_\_\_

Planning Staff Printed Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Title

\_\_\_\_\_

Email

\_\_\_\_\_

Extension